

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

TRISTRATA TECHNOLOGY, INC.)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 06-644 (JJF)
LOUISE BIANCO SKIN CARE INC., MEDICAL)	Jury Demanded
SKIN THERAPY RESEARCH, INC., REVISION)	
SKIN CARE, INC. and Z COSMETICA USA,)	
INC.)	
)	
Defendants.)	


AFFIDAVIT OF MAILING PURSUANT TO 10 DEL. C. § 3104 AND D. DEL. LR 4.1(b)

ARTHUR G. CONNOLLY, III, after first being duly sworn, on this 2nd day of April, 2007, does depose and say:

1. I am an attorney with the law firm of Connolly Bove Lodge & Hutz LLP and represent plaintiff in the above captioned action.

2. On February 21, 2007, I caused a copy of the Complaint, the Summons for Defendant Medical Skin Therapy Research, Inc., and a letter addressed to Brenda Purdy, President, Medical Skin Therapy Research, Inc., and containing the information required by 10 Del. C. § 3104, to be forwarded, via Registered Mail Return Receipt Requested, to defendant Medical Skin Therapy Research, Inc., pursuant to 10 Del. C. § 3104. The Registered Mail receipt for said package is attached hereto as Exhibit "A".

3. On March 8, 2007, the package referenced in paragraph 2, was received by Medical Skin Therapy Research, Inc. The confirmation/tracking form received from the United States Postal Service is attached hereto as Exhibit "B".

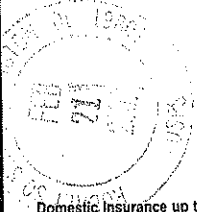

Arthur G. Connolly, III (#2667)

Sworn to and subscribed before me this 2nd day of April, 2007.


NOTARY PUBLIC

530404_1

EXHIBIT A

Registered No.		Date Stamp	
RB972 232 2104 US			
To Be Completed By Post Office	Reg. Fee	7.90	
	Handling Charge	Return Receipt	1.85
	Postage	Restricted Delivery	
	Received by <i>Rem</i>		
	Customer Must Declare Full Value \$ <i>9</i>		
		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance	Domestic Insurance up to \$25,000 is included in the fee. International indemnity is limited. (See Reverse).
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	FROM	App, 3 (5077#14) Connolly Base Lodge & Hutz P.O. Box 2207 Wilm, DE 19801	
	TO	Brenda Burdy, Pres Medical Skin Therapy Research, Inc 1260 Avenida Chelsea Vist, CA 92081	

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer
 May 2004 (7530-02-000-9051) (See Information on Reverse)
 For domestic delivery information, visit our website at www.usps.com®

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Receiver's Name (Print or Type)</p> <p><i>MARIN TROPICAL</i></p>	<p>B. Date of Delivery (Print or Type)</p> <p><i>3/5/07</i></p>
<p>1. Article Addressed to:</p> <p><i>Brenda Purdy, Pres. Medical Skin Therapy 12600 Avenida Clusella Linda, CA 92081</i></p>		<p>Is this item insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from service label)</p> <p><i>RB972 232 244 US</i></p>		<p>3. Service Type</p> <p> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789